	PATENT	חפו		Application	on or.	Docket Nn	wper							
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/7/9,429					
-	CLAIMS AS FILED - PART I													
_	(Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
Ľ	TOTAL CLAIM	s · 17						RATE	FEE	٦	RATE	FEE		
f	OR		NUMBE	NUMBER FILED .		NUMBER EXTRA		BASIC FEE 385.00		OF	BASIC FEI			
Ţ	OTAL CHARGE	ABLE CLAIMS	17 0	17 minus 20=		. 0		X\$ 9=		OF	X\$18=			
in	DEPENDENT	CLAIMS	12	9 minus 3 =		a		X43=		- T	You			
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT	ESENT					+	-JOF				
*	If the difference		+145=		OF									
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 385											TOTAL	L		
	(Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL			
AMENDMENTA		CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	ER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
	Total	* / '/	Minus	PAID F	OR	= /	ŀ	X\$ 9=	FEE	OR	X\$18=	FEE		
	Independent	. /	Minus	444)	/	ŀ	X43=	-	1	X86≈			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢		 	OR	7,002			
	5i,, 18,									OR	+290=			
	111015							ADDIT. FEE OR ADDIT. FEE						
0		(Column 1) CLAIMS		(Colum		(Column 3)	_							
AMENDMENT B	. ,	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.17	Minus	-24	9	- /	Γ	X\$ 9=	- 3-3-	OR	X\$18=	125		
	Independent	· 23	Minus	··· . 62	· ·	= /	\vdash	X43≈						
`	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT C	LAIM		-	A-10-		OR	X86≖			
			•				Ŀ	145=		OR	+290=			
										OR ,	TOTAL DDIT. FEE			
_		(Column 1)		(Column		(Column 3)								
		CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY .	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		•	1	CS 9=			X\$18=			
	Independent	•	Minus	***		-	1			OA				
\Box	FIRST PRESENTATION OF MULTIPLE DEPENDENT OF				LAIM		X43=			OR	X86≈			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												•		
11	THE THICKNESS NEED	ther Previously Pai	d For' IN THIS	COACE In In	ee then	20	ADC	TOTAL NT. FEE		DR 🔥	TOTAL DOTT, FEE			
16	THE HIGHEST NO	nber Previously Pai ber Previously Paid	d For IN THU	S SPACE IS IN	ee than	3. enter "3."			ropriate box					